	PATENT	Application or Docket Number 10/667653											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI		•	<u> </u>	отн	ER THAN
TOTAL CLAIMS			100.07	1000////		JOOIDINIT 21		TYPE]	OF		L ENTITY
FOR			ALL DATE OF	NUMBER FILED		Allhabenevena		RAT		FEE	╣.	RATE	
TOTAL CHARGEABLE CLAIMS						NUMBER EXTRA		BASIC	-EE 3	85.00	OF	BASIC F	EE 770.00
				minus 20≘				X\$ 9	=		OF	X\$18=	
INDEPENDENT CLAIMS				minus 3				X43=		,	OR	X86=	
M	ULTIPLE DEPE	ENDENT CLAIM I	PRESENT					+145					
٠.	the difference	e ja column 1 is	less than	ess than zero, enter "0" in column 2						<u> </u>	OR		
CLAIMS AS AMENDED - PART II									TOTAL	/ 			
	•	(Column 1)	(Colum	(Column 2) (Column 3)			SMAL	L ENT	ITY	OR		R THAN. ENTITY	
AMENDMENT A	8/13/7	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	TIC	DDI- NAL EE		RATE	ADDI- TIONAL
	Total	20	Minus		O.	- 0		XS-0=		<u> </u>		XST6	/ FEE
	Independent	1. (Minus	3		=()	 -	100 143	-	· ·	OR	X	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-243=			OR	×06€	<u> </u>
1)	20							+145=			OR	+290=	17
		(Caluma 1)		.	±.		A	TOTAL DOIT. FEE			OR ;	TOTAL VOOIT, FEE	
B		(Column 1) CLAIMS		(Column HIGHES	ST.	(Column 3)			AD		ſ	<u>'</u>	1 455
- CMEN		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	SLY	PRESENT -EXTRA		RATE	TION	VAL.		RATE	ADDI- TIONAL FEE
	Total	*	Minus	44	• •	=		X\$ 9=			OR	X\$18=	
AME	Independent		Minus	***		=		X43=	1		OR	X86=	
	PINST PHESE	NTATION OF MU	ILTIPLE DEI	PENDENT C	LAIM			+145=			OR L	+290=	
							Ä	TOTAL			OR A	TOTAL ODIT. FEE	
	(Column 1) (Column 2) (Column 3)										~	ouis-reel	
)		CLAIMS REMAINING AFTER - AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOR	R .	PRESENT EXTRA	F	RATE.	ADD TION FEE	AL	ſ	RATE	ADDI- TIONAL
	Total	4.	Minus	**		=	一	(\$ 9= ·			 -	V010	FEE
	Independent	٠.	Minus	***		=	-			\dashv°	PR	X\$18=	
	IRȘT PRESEI	NTATION OF MUI	LTIPLE DEP	ENDENT CL	MIA		\	(43=	·		R	X86=	
If t	the entry in colum	nn f is less than the	entry in colur	nn 2, write 'O'	in colu	nn 3.	+	145=			R	+290=	
*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20. *If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 23. ADDIT FEE													
Th	ie "Highest Numt	per Previously Paid	For (Total or	Independent)	is the h	ighest number le	ouind i	n the app	ropriate ,	bax in	colum	n 1.	
M P	TO-875 IRev 104					· ·	The state of	nd linde-	art. Office		S F D / D		